## **California Resident Income Tax Return 2006**

<b>540</b>	Δ	C1	Side	1

<b>Udli</b>	Iornia	Resident in	icome lax f	ieturn zuuc	)	JTUA	C   Side 1
Your first	name		Initial Last name		Your SSN	l or ITIN	Р
If joint ret	turn, spouse's	first name	Initial Last name		Spouse's	SSN or ITIN	AC
Present h	home address	— number and street, PC	Box, rural route, or PMB r	10.		Apt. no.	A
City, tow	n, or post offic	e (If you have a foreign ad	dress, (see page 7)		State   2	ZIP Code	R RP
Prior	If you filed ● Taxpaye	-	nder a different last name		•		
Status 3	Married	I filing jointly. (see page I filing separately. Enter	3) spouse's SSN or ITIN ab	<b>5</b> Qualifying	ousehold (with qualifying widow(er) with depende	g person). (see page 3) ent child. Enter year spouse (	died
6	If someon	e can claim you (or you	r spouse) as a dependen	t, fill in the circle here (	see page 7)	6 ○	
Exemptic 8 9 10	If you filled Blind: If you Senior: If you Dependents	in the circle on line 6, so u (or your spouse) are v ou (or your spouse) are s: Enter name and relation	above, enter 1 in the box. ee page 7isually impaired, enter 1; 65 or older, enter 1; if boonship. <b>Do not include y</b>	if both, enter 2 oth, enter 2	nptions	8 X \$91 = \$ 9 X \$91 = \$ 10 X \$285= \$	
laxable income and alifornia income Adjustments	b Enter fee California I a State inc b Unemplo c U.S. soo d Californi e Californi f Non-taxa g Total Cal	deral adjusted gross inco ncome Adjustments. Seconde tax refund	ome from your Forms 10- ee pages 7 and 8 for line etirement r dividend income ties. See page 8 ents. Add line 13a throug is is your California adjus	40EZ, line 4; 1040A, line 13f.  13a through line 13f.  13b	page 8)	12b	
16	If the circle on line 6 is filled in, STOP. (see page 13)						
18 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Exemption of If line 12b is Nonrefunda Total credits Subtract lin Mental Heal	credits. Enter the amour s more than \$150,743, suble renter's credit. (see s. Add line 18 and line 19 e 20 from line 17	nt from line 11. see page 9	18		.20	

You	nar	me:		Your SSN o	or ITIN:		_					
	25 26	California ii 2006 Califo form FTB 3	ncome tax withheld. (see page 1 ornia estimated tax and payment 519 and amount applied from 2	0)	<b>=</b> 25	5			_,	11		
x Due		i <b>ld and Depe</b> tach form FTI	endent Care Expenses Credit. (s 3 3506.	see page 10.)								
Overpaid Tax/Tax	•	28										
rpaid	•	29	<u> </u>									
Ove		30		■ 31	<u> </u>							
	33 34 35	Overpaid ta Enter the a Overpaid ta	ix. If line 32 is more than line 24 mount of line 33 you want applie ix available this year. Subtract lir	I, subtract line 24 fr ed to your <b>2007</b> esti ne 34 from line 33 .	om line 32 . mated tax	age 11).	33 <b>3</b> 4 <b>3</b> 5					
Use	37	Use Tax. <b>T</b> h	nis is not a total line. (see page	11) •	37	<u>, , , , , , , , , , , , , , , , , , , </u>						
Contributions	Alz CA Ra Sta	zheimer's Dise A Fund for Sen Ire and Endan ate Children's of Child Abus A Breast Cance	cial Fund. (see page 59)	• 51 • 52 am • 53 • 54 • 55	00 00 00 00 00 00	Emergency Food Assistance Pro CA Peace Officer Memorial Four CA Military Family Relief Fund Veterans' Quality of Life Fund CA Sexual Violence Victim Servi CA Colorectal Cancer Prevention CA Sea Otter Fund	ndation l	Fund • 5 • 6 • 6 • 6	58 59 60 61 62		00 00 00 00 00 00 00	
	38	Add line 50	through line 63. These are you	r total contributions			• 38				00	-
Amount You Owe		Mail to: <b>FR</b>	OU OWE. (see page 11) Do not ANCHISE TAX BOARD, PO BOX Pay Online – Go to our Web nent of estimated tax. If form FTI	<b>942867, SACRAME</b> osite at www.ftb.ca.	gov	<b>267-0001</b>	■ 39 ■ 40					
osit	41		r <b>no amount due.</b> (see page 1 <b>anchise tax board, po box</b>		NTO CA 942	240-0002	<b>■</b> 41					
Dep	Fill	Fill in the information to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip. (see page 12)								2)		
Refund and Direct Deposit	L	or portion of	f total refund (line 41) you want  Checking Savings oer  Type	to direct deposit:  • Account number			<b>■</b> 42	Amount yo	u want	to direc	t denos	
Refund a		•	ion of total refund (line 41) you ☐ Checking		sit:		<b>-7</b> 2	Amount yo	u want			
	• R	Routing numb	□ Savings per • Type	<ul> <li>Account number</li> </ul>			<b>4</b> 3	Amount yo	u want	to direc	ct depos	sit
It is forge	unla e a s	lere wful to pouse's	Under penalties of perjury, I declare Your signature			d to the best of my knowledge and be ling jointly, both must sign)		true, correct e phone numb				
sign: Joint			X Paid preparer's signature (declaration	of preparer is based on	all information	of which preparer has any knowledge)	Date _	Paid prepare	r's SSN/F	 PTIN		
		e 12).	. and property 3 signature (ucciarditum	οι ριοραίοι το μάσσα ΟΠ	an information	. o. whom proparer has any knowledge)	•	. a.a propuro	J J J J J J J			
			Firm's name (or yours if self-employed	d)	Firm's addr	ress	•	FEIN				